

EXHIBIT 2

MEDICAL X-RAY CENTER, PC.
1417 S MINNESOTA AVE
SIOUX FALLS SD 57105-1715
ADDRESS SERVICE REQUESTED

1 - 4160

IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW.		
<input checked="" type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA®	<input type="checkbox"/> VISA
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE	ACCT.#	PAY THIS AMOUNT
04/21/04	00102-2141296	464.75

CHAD NOVAK
5101 S MCARTHUR LN
SIOUX FALLS SD 57108

PAGE 1

SHOW AMOUNT \$
PAID HERE

REMIT TO:

MEDICAL X-RAY CENTER, PC.
1417 S MINNESOTA AVE
SIOUX FALLS SD 57105-1715

.....

Check box if address is incorrect or insurance information has changed.
Please indicate changes on reverse side.

RETAIN THIS PORTION OF STATEMENT FOR YOUR TAX RECORDS

ACCOUNT NO.	STATEMENT DATE	PATIENT	DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT		
			DATE OF BIRTH	SOCIAL SECURITY NO.	
00102-2141296	04/21/04	CHAD NOVAK			

DATE	DESCRIPTION	EXAM	DX CODE	CHARGES	PAYMENTS	ADJUST'S	BALANCE
10/20/03	SPINE SINGLE VI	720203	26 724.2	27.00	-9.80	-17.20	
12/29/03	Pmt-SIOUX VALLEY HEALTH PLAN				9.80	17.20	27.00
12/29/03	Adj-PRIVATE INSURANCE ADJUSTME				-9.80	-17.20	
02/09/04	Pmt-SIOUX VALLEY HEALTH PLAN				9.80	17.20	27.00
02/09/04	Adj-PRIVATE INSURANCE ADJUSTME				-9.80	-17.20	
10/20/03	SPINE SINGLE VI	720203	26 724.2	27.00	9.80	17.20	27.00
12/29/03	Pmt-SIOUX VALLEY HEALTH PLAN				-9.80	-17.20	
12/29/03	Adj-PRIVATE INSURANCE ADJUSTME				9.80	17.20	27.00
02/09/04	Pmt-SIOUX VALLEY HEALTH PLAN				-9.80	-17.20	
02/09/04	Adj-PRIVATE INSURANCE ADJUSTME				9.80	17.20	27.00
10/20/03	SPINE SINGLE VI	720203	26 724.2	27.00	-9.80	-17.20	27.00
12/29/03	Pmt-SIOUX VALLEY HEALTH PLAN				9.80	17.20	27.00
12/29/03	Adj-PRIVATE INSURANCE ADJUSTME				-9.80	-17.20	
02/09/04	Pmt-SIOUX VALLEY HEALTH PLAN				9.80	17.20	27.00
02/09/04	Adj-PRIVATE INSURANCE ADJUSTME				-9.80	-17.20	
04/07/04	MRI L. SPINE, W	072158	26 722.8	383.75		17.20	27.00
							383.75

MEDICAL X-RAY CENTER, P.C. 1417 S MINNESOTA SIOUX FALLS SD 57105	TAX ID: FOR INQUIRIES, CALL (605) 336-0517. 1-800-473-0271	CHARGES	PAYMENTS	ADJUST'S	BALANCE DUE
		TOTALS	464.75	.00	.00
		EMPLOYER:	SHOWPLACE WOOD PRODU		
		INSURANCE ID #:		GROUP #:	
		REFERRING PHYSICIAN:	ALVINE, G		
		PLACE OF SERVICE:	SIOUX VALLEY HOSPITAL		

YOUR INSURANCE HAS BEEN BILLED AS A COURTESY.
YOU ARE STILL RESPONSIBLE FOR PAYMENT.